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1 impaired. We found it to be normal. The Stroop Color  
2 and Word Test, which was a test of divided attention,  
3 which has been reported to be impaired in chronic  
4 fatigue system, we found to be impaired, she found it  
5 to be normal. The Stroop and the Pegboard, we found a  
6 very low score in the right dominant hand and she found  
7 a normal score.

8 Q. Do any of those discrepancies suggest that  
9 the obsessive compulsive disorder diagnosis or  
10 somatization disorder diagnosis are or aren't present  
11 in Mr. Jeffries?

12 A. No, none of those address that.

13 Q. Okay. Why did you need to clarify those  
14 discrepancies?

15 A. Because it's unusual for those to -- for  
16 those three to change so dramatically over a period of  
17 time, unless there is an active neurogenic process.  
18 And if these were -- you know, if these were real  
19 changes, I thought that, you know, we ought to clarify  
20 that, see where he really stands.

21 Q. So you gave him the pegs test again?

22 A. I did.

23 Q. And did you give him the Stroop test a third  
24 time in February?

25 A. No. I gave him another test to clarify his

1 preliminary conclusion, at least mentally, that  
2 Mr. Jeffries may be someone who suffers somatization  
3 disorder and obsessive compulsive disorder, true?

4 A. Yes.

5 Q. Okay. Then you got Dr. Bastein's report and  
6 Dr. Sandman's report. But my understanding of your  
7 testimony is, while there may be discrepancies between  
8 your report and their reports, those discrepancies  
9 don't go to the diagnosis that you were suggesting for  
10 Mr. Jeffries at that time, the somatization disorder  
11 and obsessive compulsive disorder, right?

12 A. Well, that's right. These are  
13 neuropsychological procedures. They're not  
14 psychological procedures.

15 I also readministered another memory test,  
16 which I said I was going to do, which essentially  
17 produced the same results. And I examined other -- I  
18 administered other tests of attention, since the Stroop  
19 Color Word is attentional measure, and basically  
20 produced the same results.

21 Q. But that's not my question. My question  
22 is, if you felt, based on your testing and your  
23 interviews in July, both of them, that Mr. Jeffries  
24 suffered from obsessive compulsive disorder and  
25 somatization disorder --

65 1 attention.

2 Q. What was that test?

3 A. The Halstead Right Hand Rhythm Test, the  
4 Seashore Rhythm Test.

5 Q. What about the verbal fluency, did you test  
6 that again in February?

7 A. No.

8 Q. How were you going to clarify that  
9 discrepancy?

10 A. Well, I did -- I did actually give him a  
11 verbal test, the verbal IQ test, but not a verbal  
12 fluency test.

13 Q. How were you going to clarify that  
14 discrepancy?

15 A. I guess we didn't.

16 Q. Do I understand correctly that the  
17 discrepancies you just identified didn't impact your  
18 diagnoses that you felt existed in Mr. Jeffries of  
19 obsessive compulsive disorder and somatization disorder  
20 after your second visit with him?

21 A. They didn't affect that. Rephrase your --  
22 restate your question.

23 Q. After your second visit with Mr. Jeffries and  
24 after you got the test scores and reports back from  
25 whoever you shipped them off to, you came to the

66 1 A. Uh-huh.

2 Q. -- and then you got Dr. Bastein's report, and  
3 while there may be discrepancies in some tests that you  
4 did, those discrepancies didn't impact your diagnoses,  
5 so why did you have to see him a third time?

6 A. Well, I know that now. I don't know that I  
7 knew that at the time.

8 Q. No. I thought you told me that different --  
9 discrepancies in these tests between what you did in  
10 the first two visits with Mr. Jeffries and  
11 Dr. Bastein's testing don't impact whether someone has  
12 obsessive compulsive disorder or somatization disorder.  
13 If you had already arrived at that conclusion, why did  
14 you have to see him a third time?

15 A. Well, I'm not sure that I had arrived at that  
16 conclusion, because at the third visit, I also  
17 administered the Rorschach.

18 Q. What are the areas of agreement that you have  
19 your testing -- in your testing, Dr. Bastein's testing  
20 and Dr. Sandman's testing?

21 A. The areas of agreement are his levels of  
22 performance in the three areas that I mentioned is  
23 below expectations on his IQ.

24 Q. What are those three areas?

25 A. Medical processing speed, attention

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1 concentration measures and memory.

2 Q. Do you have an opinion as to whether someone  
3 with those documented deficiencies can perform an  
4 occupation of an investment banker or senior banker?

5 A. Not without treatment.

6 Q. So, in essence, Mr. Jeffries is disabled? I  
7 asked you that earlier in this deposition. You said  
8 you hadn't been asked the question yet. But I guess  
9 your testimony is, without treatment, those conditions  
10 do disable him from performing his former occupation?

11 A. I think, without treatment, the combination  
12 of whatever physical condition he may have and his  
13 conditions, as I diagnosed them, render him temporarily  
14 disabled from the performance of his job, yes.

15 Q. Temporarily until when?

16 A. Until he gets treatment and gets better.

17 Q. You referred him to a psychiatrist for  
18 treatment?

19 A. No.

20 Q. Or you gave an example of --

21 A. No. I mentioned some physicians that I  
22 thought could help him, yes.

23 Q. What was the specialty of those physicians?

24 A. They're psychiatrists.

25 Q. Same profession as Dr. Jim Hawkins?

69 1 that, I -- of course, one can only go by his own lights  
2 and my own understanding of people and the profession.  
3 I think that in some cases Dr. Hawkins has missed the  
4 forest for the trees in some of his work. And I  
5 would -- and I know these folks over there at the  
6 Institute. I think they would be the ones to provide  
7 the care.

8 Q. Has Dr. Hawkins' license ever been suspended,  
9 as far as you know?

10 A. I have no idea. Not as far as I know.

11 Q. Has Dr. Shear's license to practice ever been  
12 suspended, as far as you know?

13 A. As far as I know, not.

14 Q. I have a bunch of more tests that we can  
15 rattle through here. 69-E. What is 69-E,  
16 Dr. Hartings?

17 A. That's the face sheet of data from our  
18 neuropsychological evaluation.

19 Q. When is this form completed?

20 A. 7/8/02.

21 Q. So you generate all this data on that day, or  
22 is this a working document?

23 A. Pretty much. I think that -- of course, some  
24 of it was generated at a later visit, but the original  
25 document would have been -- wait a minute.

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1 A. With a little twist, that is correct. The  
2 twist is that these are trained analysts.

3 Q. Dr. Hawkins is not a trained analyst?

4 A. The best of my knowledge, he is not.

5 Q. Okay. What does it mean to be a trained  
6 analyst?

7 A. To be a trained analyst means that one has  
8 completed a postresidency course of training in  
9 psychological diagnosis and treatment of usually  
10 neurotic and personality disorders which usually  
11 involves one's own analysis, a number of -- I don't  
12 know how many courses, but there are at least two or  
13 three years' worth of course work in psychological  
14 dynamics, psychological intervention, which equip a  
15 psychiatrist or a psychologist at the doctoral level to  
16 provide the best possible psychological care to  
17 patients.

18 Q. So it's your opinion that Dr. Jim Hawkins  
19 doesn't have the skill level or training or experience  
20 required to effectively treat Mr. Jeffries?

21 A. I have no opinion on his level of skill. I  
22 don't know him.

23 Q. I thought you worked on some cases with  
24 him?

25 A. I have. In fact, now that you remind me of

70 1 Q. That's my question.

2 A. 7/8/02. Yes.

3 Q. This is something you started when  
4 Mr. Jeffries first came in, but then --

5 A. Right.

6 Q. -- it's a living document, that its data is  
7 generated, you added to the form?

8 A. Right.

9 Q. Including the February 2003 Rorschach?

10 A. Right, correct.

11 Q. I learned one thing in this case. Data?

12 A. Right.

13 Q. Okay. Is there anything on here that you can  
14 point to that gives information that suggests that  
15 Mr. Jeffries suffers from the diagnosis identified in  
16 your March 2003 report?

17 A. That would not be evident from the abstract  
18 test scores, no.

19 Q. Okay.

20 A. Well, you know, to someone that knows what  
21 they mean -- I mean, if I look at it, I say, hey, look  
22 at that discrepancy between the faces on the Warrington  
23 and the faces on the Wechsler Memory Scale. That's a  
24 big discrepancy. What accounts for that?

25 Q. That's what I would like for you to point out

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